




<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-201.3 DIV

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$ 370.00</b>
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			TOTAL FEES	\$754.00

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$\_\_\_\_\_
- ☒ A check for \$754.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>			<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: 10/08/07	<b>Deposit Account No. 50-0624</b>